IPAS & PASRR MANUAL

Table of Contents

Chapter 5 IPAS FINAL DETERMINATION PROCESS

- 5.1 FORM PAS 4B
- 5.2 CASE TERMINATION PRIOR TO FINAL DETERMINATION
- 5.3 IPAS CASE REVIEW AND DETERMINATION PROCESS
 - 5.3.1 Non-PASRR Medicaid, All Denial and Marginal Cases
 - 5.3.2 PASRR Cases
 - 5.3.3 Non-PASRR Private-Pay Cases
- 5.4 RECORDING THE IPAS FINAL DETERMINATION
- 5.5 DETERMINATION IN EFFECT FOR 90 DAYS
- 5.6 FURTHER IPAS SCREENINGS PERMITTED
- 5.7 REFERRAL FOR CASE MANAGEMENT SERVICES
- 5.8 DOCUMENTS: AVAILABILITY, CONFIDENTIALITY, DISPOSITION, AND RETENTION
 - 5.8.1 Availability
 - 5.8.2 Confidentiality
 - 5.8.3 Disposition
 - 5.8.4 Retention

This page is intentionally blank.

Chapter 5

IPAS FINAL DETERMINATION PROCESS

When the IPAS assessment and IPAS Screening Team recommendation are complete, a final determination of appropriateness for NF placement will be made.

5.1 FORM PAS 4B

EVERY RESIDENT OF AN INDIANA NF MUST HAVE A PAS FORM 4B ON THE NF CHART. The PAS Form 4B:

- a) records the patient's status regarding IPAS compliance; and
- b) proves that the NF complied with the IPAS law requirement in Chapter 2.3.1.

The form PAS 4B, Assessment Determination, records the final determination for the IPAS and/or PAS portion of the PASRR programs. (For PAS/PASRR, form PAS 4B is always used in conjunction with the PAS/PASRR Certification form.)

All pertinent information recorded on the form PAS 4A, Recommendation of Screening Teams, will be transferred to the PAS 4B by the determination authority, unless it does not apply.

A final determination is:

- a) valid for 90 days from the date of issuance of the PAS Form 4B as long as:
 - 1) the individual has not been admitted to a NF; or
 - 2) his/her condition has not improved to the extent that NF admission is no longer needed;
- b) valid for only one admission. <u>THE 90-DAY ALLOWANCE EXPIRES WITH NF ADMISSION</u>. A full or updated IPAS assessment must be done again if an individual who has been admitted to a NF leaves or is discharged to home and seeks readmission prior to the expiration of the 90 days,. (See Chapter 5.5.)

5.2 CASE TERMINATION PRIOR TO FINAL DETERMINATION

A case may be terminated prior to final determination by the local IPAS agency, the OMPP, or the State PASRR Unit. (Also see Chapter 2.6.4.)

Reasons for case termination include, but are not limited to, the following:

- a) voluntary withdrawal by the applicant;
- b) lack of cooperation by the applicant or legal representative;
- c) death of the applicant;
- d) discharge from the NF to home or living arrangement;
- e) identification of an IPAS penalty which is still in effect;
- f) concurrent IPAS case processing by another IPAS agency (See Chapter 2.4 and 3.1.); or
- g) another appropriate reason.

The "NF discharge date" is the date on which the NF record is closed and/or the last date for which the NF may bill Medicaid.

NOTE: Never pend a case beyond applicable time limits because an individual cannot make a decision or has changed the decision to continue to seek NF placement. The case should be terminated due to voluntary withdrawal, refusal to participate, or failure to cooperate, as applicable.

An IPAS application should not be pended beyond applicable IPAS and/or PASRR processing time frames, unless the following applies:

a) the applicant has been discharged to an acute care hospital bed with the expectation that he or she will return to the NF following hospital discharge;

IPAS & PASRR MANUAL Ch 5 (TM:#3 01/01/00) Pg 5-3

- b) there is a "Medicaid 15-day bed hold" or a leave of absence during which the NF record is held open and the bed held for a patient's return; or
- c) the physician, hospital, or NF fails to provide necessary documentation; or
- d) another appropriate reason applies.

The IPAS agency will clearly document, on the PAS Form 4A, the reason an IPAS and/or PASRR case is pended, clarifying the applicable dates. When termination is due to voluntary withdrawal or failure to cooperate, the individual should be advised that he or she can reapply. (Also see Chapter 5.6 for limits on reapplication.)

5.3 IPAS CASE REVIEW AND DETERMINATION PROCESS

The IPAS agency, OMPP or the State PASRR Unit makes final determination. The entity responsible for making the final case review and determination is based on the individual's status: private-pay, Medicaid eligible/applicant/will-apply, denial, marginal, or PASRR.

5.3.1 Non-PASRR Medicaid, All Denial and Marginal Cases

The State OMPP is responsible for final determination for non-PASRR:

- a) Medicaid recipients, applicants, or will apply for Medicaid within 120 days;
- b) denial cases; and
- c) marginal cases on which the Screening Team disagrees or is unable to make a determination.

5.3.2 PASRR Cases

The State PASRR Unit is responsible for final determinations for all PASRR cases, regardless of other factors, including the following:

- a) deferred cases;
- b) Level II Inappropriate Referral cases. (Under certain conditions, the Inappropriate Referral form is used by the CMHC in lieu of completion of the Level II.)

Level II assessment may be deferred or delayed due to:

- a) inability of the individual to cooperate in the assessment because of a state of delirium or coma; and
- b) results of a Depression Screen which indicates that the depression has been both of short duration and mild intensity. When the IPAS agency uses the Depression Screen and does NOT make a referral for Level II, the IPAS agency will assure that the following caveat is entered on the PAS 4A form for transfer to the PAS Form 4B by the State PASRR Unit:

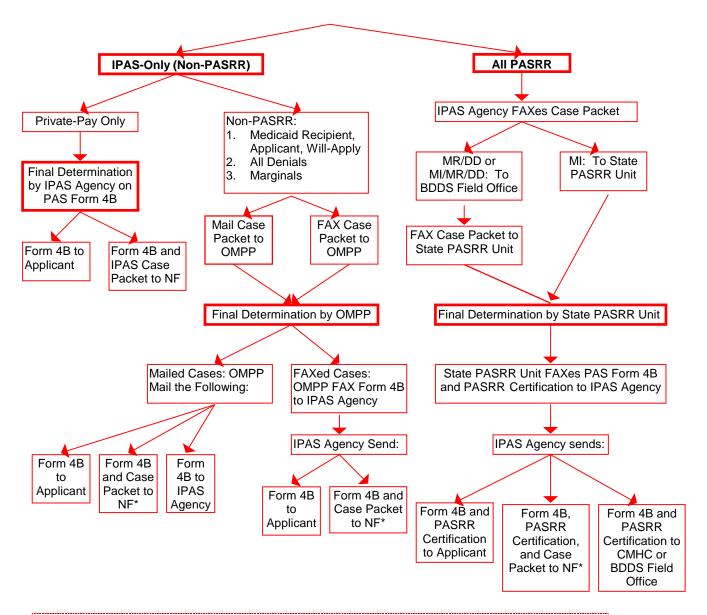
"Level II is not completed at this time although the above-named applicant's condition would ordinarily require PASRR Level II assessment. It is the responsibility of the NF to monitor the individual's condition. If the condition of behavior or mood either worsens, or has not improved, within the 90 days following NF admission, the NF will make a referral to the local CMHC for a non-routine ARR." (Caveat is also printed on the back of the Depression Screen form.)

5.3.3 Non-PASRR Private-Pay Cases

The local IPAS agency will issue the final determination for private-pay cases not covered by the categories above. The IPAS agency will use criteria of need for NF level of services which is consistent with that used by OMPP and the State PASRR Unit.

PROCESSING FOR FINAL DETERMINATION
Chapter 5

PAS Agency: Sort
Cases by Status
PAS & PASE MANUAL Ch 5 (TM:#3 01/01/00) Pg 5-4



*NOTE: When no NF has been designated by the applicant, the case packet with the PAS Form 4B and PASRR Certification will be retained by the IPAS agency until notification is received that a NF is chosen. The entire IPAS and/or PASRR case packet will then be forwarded to the designated NF for retention on the resident's chart.

A NF admitting an individual is responsible to contact the IPAS agency serving the area of the individual's home residence to obtain necessary approvals and documentation.

5.4 RECORDING THE IPAS FINAL DETERMINATION

Every valid IPAS Application form will receive a final determination. The IPAS/PASRR final determination is recorded on:

a) form PAS 4B for IPAS-Only; or

b) two (2) forms, form PAS 4B and the PASRR Certification, for PASRR. (For PASRR, both forms will be used together.)

The form PAS 4B may include specific limitations and/or recommendations. The PASRR Certification may contain specific service recommendations which will be addressed in the individual's Plan of Care by the NF.

5.5 DETERMINATION IN EFFECT FOR 90 DAYS

For an individual who has not entered the NF, the PAS approval for NF admission remains in effect for ninety (90) days, provided that the individual's condition or situation remains the same or has not improved to the extent that NF placement is no longer needed.

When the ninety (90) day PAS approval time limit has expired, but NF placement is still needed, the IPAS agency will:

- a) update the case record; and
- b) determine the reason that the individual was not admitted within the time limit; and
- c) document this reason in the case record; and
- d) resubmit the case for IPAS and/or PASRR approval PRIOR to NF admission.

All pertinent case records will be updated either by:

- a) clearly marking the case with "Remains the Same;" or
- b) supplementing it with new documents so marked and attached to the front of the old case record; and
- c) initialing and dating the case record by the individual submitting the materials; and
- d) including a cover letter explaining the circumstances and need for a new determination.

The updated case record will be processed as soon as possible. A new Form PAS 4B will be issued with a notation explaining the update.

5.6 FURTHER IPAS SCREENINGS PERMITTED

For individuals who have undergone the IPAS assessment and have been determined to be inappropriate for NF placement:

- a) no further IPAS screenings may be requested by that individual for a minimum of one (1) year;
- unless the medical condition or the support system of the individual is significantly changed to the degree that the attending physician certifies, in writing to the IPAS agency, that a new screening process is medically necessary.

The physician's certification will describe the specific nature of the pertinent change(s) and how it differs from the previous condition.

The IPAS agency will:

- a) make the final decision on the need for another IPAS assessment based on the attending physician's certification; and
- b) date-stamp the physician's certification with the date-received; and
- c) enter it's certification of the need for a new IPAS assessment in the case.

The effective date of the IPAS Application for additional assessment will be the date of the physician's certification.

The IPAS agency will process the case by:

- a) attaching the physician's written certification and the IPAS agency's certification to the top of the new IPAS case, with a copy of the previous IPAS case record attached;
- b) clearly marking new documents to differentiate them from the old case documents; and
- c) following all appropriate procedures for a new IPAS assessment and determination.

5.7 REFERRAL FOR CASE MANAGEMENT SERVICES

It is presumed that individuals who apply for NF placement may, if not admitted to the NF, be anticipated to be in a situation of possible jeopardy.

For all denied cases, the IPAS assessor or coordinator will:

- a) make bona fide referral of the individual to available case management services; and
- b) provide information on the assessment and necessary service needs identified through the IPAS assessment and care-planning to case management as part of the referral.

If no case management service is available or the individual does not meet eligibility criteria, the IPAS coordinator should assure that:

- a) the applicant or his/her representative receives all service information which may have resulted from the IPAS assessment and care plan; and
- b) provide enough detail so that the individual or interested representative will be able to pursue service acquisition.

5.8 DOCUMENTS: AVAILABILITY, CONFIDENTIALITY, DISPOSITION, AND RETENTION

5.8.1 Availability

Except as specified below, IPAS case documents may only be released with written authorization from the applicant or his or her legal representative.

IPAS case records are provided to the applicant, or his or her legal representative, upon written request. For purposes of individual care planning and service provision, Medicaid requires that the IPAS case record be provided to the NF to which the individual is admitted. Other state and federal programs, audits and surveys may have access to the IPAS case records as specified by law.

See Chapter 12.3.1 of this Manual for special PASRR Level II program provisions on availability of records to physicians, hospitals and individuals.

5.8.2 Confidentiality

Retention, access to, and distribution of IPAS case records will follow and maintain confidentiality in accordance with all pertinent state and federal laws and regulations.

5.8.3 Disposition

After IPAS final determination, the IPAS agency will distribute case records as follows:

- a) the entire case record packet on which the IPAS determination is based is sent directly to the appropriate NF for retention on the NF active chart;
- b) the entire case packet will be readily available to the state and federal auditors and surveyors; and
- c) the form PAS 4B will be appropriately distributed with a copy sent to the CMHC or D&E Team by the IPAS agency when PASRR was required.

When there is a transfer between NFs, the entire case record will be transferred with a resident. (Also see Chapter 3.9.)

5.8.4 Retention

The IPAS agency will retain legible copies of all completed forms and related documents for a period of at least three (3) years from the last date of case action. The beginning date of the period of retention will be computed as follows:

- a) for all Medicaid recipients, applicants or will-apply, denials, and marginal cases: the date of authorized OMPP signature on the PAS 4B;
- b) for all PASRR related cases: the date of authorized State PASRR Program Unit signature on the PAS 4B;

c) for all IPAS-only, non-PASRR private-pay applicants, the date of signature on the PAS 4B form by the authorized IPAS agency.

If a reconsideration or appeal request is processed, the most recent decision date will be the beginning date of the retention period.

The IPAS agency will make case documents available to OMPP, the State PASRR Unit, the State Hearings and Appeals Section, and state or federal surveyors or auditors upon request and for audit purposes.

This page is intentionally blank.